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The Regeneration of Doctor Who

Margaret and Michael Rustin

Introduction

In this article, we shall be looking at the new series of Doctor Who which is now in its third run on BBC Television since its revival in 2005.¹ Our approach, which follows our earlier work on children's fiction and on drama, is in part psychoanalytic and in part sociological. From a psychoanalytic point of view, we are interested in the states of mind and feeling evoked in the dramatic action of the episodes, and the ways in which these provide imaginative spaces for the audience – especially children and adolescents – to explore aspects of their own development. From a more sociological point of view, we will suggest ways in which the show reflects aspects of the society in which it is set, including the ways in which it takes advantage of the opportunities of time and space travel to encourage its viewers to become aware of other 'possible worlds', different from their own. We shall focus on two episodes in particular, to demonstrate how much the production team has achieved in its regeneration of Doctor Who.

Background to the Series

Everyone knows that the BBC Television Series Doctor Who was successfully revived in 2005, after a gap of 16 years since what had been expected to be its final series ended in 1989. The show had run from 1963, with a succession of actors playing the Doctor - among them - William Hartnell, Patrick Troughton, Jon Pertwee, Tom Baker and four after this - and taking the roles of his companions (there were 27 of these before Billie Piper's Rose, 20 of whom were female.) By the time it was taken off, Doctor

¹ The three series are available on DVD from BBC Publications.

Who had become something of a parody of its former self, with its low-budget sets and poor special effects no competition for new genres of cinematic science fiction.

The new Doctor Who is now into its third annual run, its second Doctor (in David Tennant) and now its second companion, in Freema Agyeman as Martha Jones, respectively following Christopher Ecclestone's and Billie Piper's great successes in these roles. The third series in 2007 continued to do well, both in terms of size of audience (over 8 million for the first new episode of Series 3), and critical approval. What we want to explore in this presentation is how this has been accomplished, and what differentiates the 'new' Doctor Who of 2005 – 2007, from the earlier versions.

There are many elements, of course, and we will first mention some of the more obvious. One of these relates to 'production values'. Partly because it has assigned a large budget to these shows, and partly because of technical progress in special effects, computer graphics etc since the previous series, Doctor Who can do some visually impressive stuff - buildings exploding, fleets of spaceships, large-scale panics in the street - and competes with cinematic Sci Fi as well as any television productions have ever done. Another element relates to the narrative ambitions of the writers and producers of the show - the leading role of the writers in these productions, and particularly of Russell T. Davies the designated Head Writer, is important in this. Davies has said that the setting of every episode is to be different. So exploiting the possibilities for travel in both time and space that the traditional storyline of the series allows, we have been going from Victorian Cardiff and Scotland, to the moment of the formation of the earth in space, to political goings-on in Wales and London, to the France of Louis XV's court and Mme de Pompadour, to London at the height of the Blitz in 1941. The programme has been brilliant at times in capturing the styles and qualities of these moments and locations. (This is an educationally-responsible purpose, in the best BBC tradition.) A third dimension to note is the self-conscious location of Doctor Who by its writers and production team in its own tradition as a series. The basic story-line of Doctor Who has remained unchanged from the

beginning. The Doctor is a Time Lord roaming space and time in the Tardis (his spaceship unusually disguised as an old-fashioned Police Box), with a companion usually collected on one of his visits to contemporary Earth. His mission is to defeat various terrifying threats to humanity and life, these being embodied in various kinds of alien creatures or robots often commanded by megalomaniacs, dominated by their will to destroy or enslave. The most famous of these, over fifty years, have of course been the Daleks, with their mechanical-voiced battle-cry “exterminate, exterminate”, known at one time by more-or-less every child in Britain. This galactic enemy has taken many different forms, Cybermen among them. The new series has retained these constant features of the show, and has succeeded in giving them a new life. We shall explore the ways in which this element of continuity has been an imaginative resource for the Doctor Who team.

It is worth adding at this point that it has always been an important aspect of Doctor Who series that it has aimed to interest an audience of both children and adults. Going out early on a Saturday evening, this audience was conceived as children watching together with their parents, or more often perhaps their dads. This format creates a particular discipline for the show – it has had to be sufficiently confined, in language, emotion and violence, to be understandable to and not too disturbing for children, while being able at the same time to engage its adult viewers’ interest and feeling. This is something which the best fiction for children, even stories for the very young like those of Beatrix Potter, has always done, but the necessary focus on achieving a targeted size and mix of audience make this a more immediate requirement for television and indeed cinema production. But this necessity to work on more than one ‘level’ of comprehension, to fill a space which children and grown-ups can (in part) share, makes valuable indeed inspiring demands on the show’s producers.

‘Regeneration’ is what happens to the Doctor within the show, literally as the physical regeneration of himself, and this has always allowed his part to be taken by a succession of new actors, and thus has made possible considerable variations in the role. He is said to be immortal, or virtually so,

thanks to this capacity to be reborn in a new body. This fact, and the narrative option for the replacement also of one companion by another, has given the series writers an advantage over the creators of equally iconic hero figures in fiction, such as Sherlock Holmes and Dr Watson, or Hercule Poirot, who have only one life which must be lived in only one body, although their impersonation by different actors in screen versions has allowed scope for exploring various aspects of style and character. It has been possible for the Doctor to retain and develop his place in the imagination of writers, production teams and audiences for 40 years, thanks to this fictional possibility. Russell T. Davies has said, in one of his more expansive moments, that Doctor Who will continue for ever. This narrative possibility, built as it were into the 'genome' of Doctor Who, has allowed the newest 'regeneration' of this television series to have had an exceptional quality.

Narratives of Love and Loss

We have been concerned in our writing about children's fiction² (Rustin and Rustin 1989/2001 and 2003) with the primary experiences of relatedness and feeling which we believe writers of fiction explore for their readers. In our view, the real persons we encounter from the beginning of our experience as infants become figures in our imagination, or what psychoanalysts call the internal world. We build up an internalised picture of the world of our primary relationships – initially with parental figures and siblings, real and imagined, later extended to others we encounter - which then become templates by which we anticipate and give meaning to our later experiences of persons. Attachments theorists, following John Bowlby³, refer to these templates as 'internal working models'; psychoanalysts have preferred the term 'inner worlds'. Our internal images of those we are emotionally close to are invested with strong feelings, of both love and hate in the psychoanalytic view, the balance of these emotions depending on the extent to which our needs for

² Margaret and Michael Rustin, Narratives of Love and Loss: Studies in Modern Children's Fiction, 2nd Edition (Karnac 2002), and essays on the three volumes of Philip Pullman's His Dark Materials in *The Journal of Child Psychotherapy*, Volume 29, 1, 2, 3 (pp 93-105; 227-241; 415-428).

³ A good introduction to Bowlby's work, and to attachment theory more broadly, is Jeremy Holmes John Bowlby and Attachment Theory (Routledge 1993).

care and understanding (sometimes described as ‘containment’) are attended to in our early lives, but also on our innate dispositions. In our development we cope with the feelings and anxieties inseparable from life by means of psychic defences, prominent among which, in Freud’s account, is repression, and in Melanie Klein’s later idea, splitting, the attribution of the good and bad to different ‘objects’, including different parts of ourselves.

Fiction allows us to explore in our imagination our perception and understanding of these states of mind. This exploration, and the sense of order and meaning it creates, gives us pleasure. Small children enjoy thinking about even the frightening aspects of their experience, when they are safely lodged in the symbolic form of stories or pictures – the monsters of Maurice Sendak’s Where the Wild Things Are or the Mr McGregor of The Tale of Peter Rabbit who will eat a baby rabbit who disobediently comes into his garden, if he can only catch him. Stories, and in present times of course films and television shows, allow us to explore many aspects of the world in our imagination. Early on, these are often spaces just a little outside our usual safe boundaries. But later on, they become the worlds of the adults around us - the world of an earlier generation in Philippa Pearce’s Tom’s Midnight Garden, for example, or the battling grown-up worlds of divided parents in Philip Pullman’s His Dark Materials trilogy. And the experiences of other children like us, as we explore their world through their imagined adventures, as in so many stories for children from Narnia to Harry Potter. In stories for smaller children a world of intense experiences of life and death can be seen in the lives of imaginary animals with human attributes, such as in E.B. White’s stories, Charlotte’s Web, Stuart Little, and The Trumpet of the Swan.

From one point of view, Doctor Who is an adventure of this kind. The Doctor, in the earlier series, was a grown-up, a basically kind and somewhat avuncular person in most of his personations, who took an innocent younger companion on adventures in his special vehicle, and on these adventures protects her and everyone else from danger. Incidentally, the Tardis is similar to a pretend-space in a child’s game, an ordinary sort of box from the outside,

but where inside anything can happen – ‘it’s bigger on the inside’ in many respects. The ‘sonic screwdriver’ which can fix so many problems is another device close to those of children’s pretend-games. The story offered strange and exciting monsters, big battles, elements of futuristic science and technology which were magical in their incomprehensibility, and quite a lot of conversation between the innocent young person and the Doctor, with changing elements - kindness, condescension, instruction, telling-off, arbitrariness, attention and neglect – which young viewers no doubt recognised from their experiences of grown-ups in family and school. Indeed Tom Baker, in his longest-serving representation of the Doctor, most resembled with his immensely long scarf an eccentric but benign science teacher, conducting very exotic school trips to the outer reaches of the universe.

The New Doctor Who

One of the achievements of the new Dr Who is the way in which it has given new depth to this basic and consistent story-line of the whole series. The multi-generational history and tradition of this show may be one of the reasons for this accomplishment. In Dr Who Confidential, the interesting ‘making of Dr Who’ films which accompany the series on the minority BBC 3, and in contributions to the published Shooting Scripts volume for the 2005 series, several writers referred to their own memories of watching Dr Who when they were themselves children. Here then are stories and characters of which the production teams have already had an absorbing experience in their own childhood, now being reinvented by them in their creative adult lives for new audiences of children. There was a tender moment in the first Doctor Who Confidential of the 2007 series in which a child who had been frightened by the show at its preview, and needed to be taken out, was shown now asleep in his mother’s arms, focusing our attention on the primary audience of children that the programme-makers have in mind.

What might it be like to be the Doctor? what might it be like to be his companion? and what feelings of children might be capable of being explored in this show? are questions which the writers and production team of the new series have explored with considerable intensity. We are going to discuss two episodes in particular, from this point of view, one from each of the first two series, but before we do this there are some thoughts about how the 'narrative design' of Doctor Who has made this a possibility.

Meeting Martha Jones (who is to become his new companion) for the first time, in Episode One of Series 3, the Doctor tells her to her bemusement that he has no other name, he is just The Doctor. ("You will have to earn it for me," says Martha the medical student.) This refusal of a name goes with the periodic bodily regeneration of the Doctor, in its symbolic function. The Doctor without a name thus becomes the bearer of qualities which have to be imputed to him or attributed to him. He is, as it were, an internal object, especially for the writers and producers who have to give him particularity as a person and an agent. The Doctor-figure is made to be 'filled out' with different qualities, by virtue of not being 'tied down' to a particular body, time, or place. Several of the Westerns starring Clint Eastwood, not least The Man with No Name, have similarly exploited the projective possibilities – for encouragement to phantasy and the imagination – of namelessness and non-belonging. The man with no name can become what others need him to be.

Not only were members of the production team growing to adulthood between the years of the earlier Doctor Who series, and the making of the new, but British society and its sensibilities were also changing. One such area of change, important to the new series, lies in the sphere of emotional and sexual awareness. The earlier versions of the Doctor were for the most part stereotypically males of a certain cerebral, witty, and emotionally-cut off kind. Their female companions ranged between dolly birds (for the dads in the viewing audience) and, in reaction to this, and probably to emerging feminist sensibilities, more feisty and adventurous young women, but what they did not have was much emotional understanding either of themselves, or the Doctor, or their relationship with him. It was as if, given underlying

assumptions about the propriety of relationships between a man in loco parentis and a younger woman, in the context of school or family, the incest taboo forbade any further imaginative exploration.

But partly thanks to television itself, whose soaps and serials have been exploring in the intervening years many kinds of emotional relationship, much more is now dramatically possible. Whereas earlier the Doctor's self-sufficiency and capacity to live without emotional ties seemed a positive resource for him (he was a joky version of many earlier English adventure heroes) the programme-makers have now chosen to explore his underlying loneliness, and elaborate what this might mean as a source of pain to him. While Rose had little formal education, she was, as Russell Davies has pointed out, emotionally highly intelligent. Both her relationships with her partially-abandoned boy-friend Mickey Smith, and with her new friend the Doctor, involve a continuing conversation between these different partners about what each is thinking and feeling.

Psychologically, the earlier Doctor Who represented a rather pure culture of the paranoid-schizoid position, in which all good was located 'on our side', and all evil 'was projected 'out there'. This is of course a state of mind and feeling which is commonly explored and enjoyed in popular fiction, in many different genres. Developmentally, it seems aligned especially to the latency stage (between infancy and adolescence), especially in boys, during which the softer and more complex emotions tend to be repressed, and psychic defences are sought in groups (boys together), solidarities which are reinforced by various kinds of symbolic conflict, in games and sports. In its fictional representations, aesthetic (playful) pleasure is gained from the various ingenious forms which the monsters can take, the use of wit, daring and intelligence to defeat them, the fascinations of the science-magic, the tension and its relief as doom comes near and is averted. There was protection for the mostly younger viewers of Doctor Who in the fact that the adventurer hero was ultimately an invulnerable adult, who could never die. The transferences evoked by the Doctor seem to have some similarities in this respect to those evoked by Sherlock Holmes. But while Oedipal

anxieties are contained in such fictions by identifications with a fatherly figure, alternative identifications can also be enjoyed, for example with the ultra-thick-skinned Daleks and Cybermen (related in their psychic functions to model action men, perhaps, and to robotic killers in computer games.) And other varieties of reptilian monster may represent objects of phantasy, which are felt to have been damaged by the self's internal aggression and which may now seek their retribution. (We are suggesting here reasons for children's fascination with such monsters.)

But while in the new series, the basic storyline has of course been retained (it would not be Doctor Who otherwise) there has been a considerable development as the series has gone on, from this 'paranoid-schizoid' baseline to the more complex states of mind known as the 'depressive position'.⁴ That is to say, towards recognition that the apparently different objects towards which we may feel love and hate may in fact be the same objects, and that some of the feelings of badness and hatred that we project on to others may belong in reality in ourselves. In the more 'depressive' mode, we may become capable to tolerating a measure of unhappiness and mental pain, without immediately having to get rid of it into someone or something else.

For example, in the Daleks episode in Series One, the last-surviving Dalek (as it was then believed to be) is no longer one of many invulnerable death-dealing robots, but is instead a single individual being tortured by a sadistic scientist-collector, and arouses Rose's compassion. His metal shell opens up, revealing a soft inner part that had only once been revealed in a previous series. The Dalek turns out to be not wholly the opposite of the Doctor, but similar to him in respect of having lived with the knowledge of the destruction of his entire kind. When the Doctor rages righteously about the Dalek's monstrous evilness, and is about to kill him, Rose points out that it is the Doctor who is now pointing a gun, while the Dalek is helpless. In order

⁴ Hanna Segal, An Introduction to the Work of Melanie Klein, (Heinemann 1964) provides a good introduction to these concepts.

words the division between good and evil is no longer as absolute or straightforward as it had previously seemed to be.

When the former companion Sarah Jane Smith (from many years before, in an earlier series, played then and now by Elisabeth Sladen) returned in Episode 5 (Family Reunion) of Series 2, we learn how hurt she was by the Doctor's having left her, as she says, without even saying goodbye. In a sisterly way, she warns Rose of the risks of becoming attached to this self-absorbed Doctor who unlike humans seems to make no lasting emotional bonds. Rose sees that the Doctor has had other companions before her, and feels jealousy. When Rose chooses to go on her adventures in the Tardis, we see how painful it is for Mickey to be left behind, and, even when he is allowed to come along, how difficult it is for him to feel that he is fully respected. There is a subtle exploration in Mickey's relationship with Rose and the Doctor of the dynamics of multi-ethnic life in contemporary Britain in the dignified struggle for full recognition by Mickey, who is black.⁵ When the 'Christopher Ecclestone' Doctor is 'regenerated' into the David Tennant Doctor, Rose is initially plunged into mourning, and rejects the Doctor in his new incarnation. Again this is no magic transition, not a manic death and rebirth, but an experience of emotional loss and recovery. In other words, in its new series', Doctor Who is able to explore a much more complex emotional register than before.

The 'audience in the mind' of the producers and writers of the new series seems to be one which is less confined to simple kinds of splitting between friends and enemies, good and evil, male and female, and is able to explore a more complex emotional universe. Perhaps the informing perception is that 'age grades' among children and young people in contemporary society are less fixed they used to be. Thus children are less protected from, but also more aware, of emotional and sexual tensions in themselves and those around them than they were previously. And perhaps adolescents and adults

⁵ When Martha Jones becomes the new companion, these aspects are further explored, since Martha is also black. The series catches hold of the fact that black women have in general been more successful educationally and professionally than black men in contemporary Britain.

are more in touch with the child-like parts of themselves than it earlier felt safe for them to admit. In any case it seems to us that the new series represents a more multi-faceted representation of life and its possibilities than the earlier series had come to do.

A changed political context may also have its place in this change in register between the old and new series. Paranoid-schizoid states mapped well on to the era in which Doctor Who was first created, that of the Cold War, when the memory of the anti-fascist wars was also still fresh. But in the post-Cold War period, things are less clear-cut, and there is more awareness that such states of mind may not be fully justified by their objects.

The Empty Child, and The Doctor Dances

This double episode⁶, dominated by the image of the little boy whose face is fused with a gas mask made, we learnt, an iconic impact on some of its young viewers. Groups of small boys intoned repeatedly, with an accurate inflexion, his repeated question, 'Are you my Mummy?' for weeks after the episode was screened. (Something different from the ubiquitous 'exterminate, exterminate!'). Something of extraordinary resonance was condensed in this image which can help to explain the emotional power of this story, set in the 1941 Blitz of London.

Perhaps one should begin with the somewhat mythical place the Blitz has in British social history and folklore. Many of its elements are referred to in the episode - the bomb shelters at the bottom of the garden, the evacuation of the children to the countryside, the absence of much variety of food and the function of the black market in keeping some people well-fed despite rationing, the air-raid sirens dominating everyday life, Glenn Miller's dance band to cheer up the troops and the beleaguered populace, the dark streets and the blackout, Big Ben as the symbol of the determination to survive, the

⁶ This was from the first new series, with Christopher Ecclestone and Billie Piper in the principal roles.

selfless commitment of medical teams, and so on. The Doctor and Rose both comment aloud on the heroic significance of this moment of Britain's history. But these conventional reference points are undercut to enable different stories to emerge. The ambulance space-ship that Captain Jack Harkness (he is first seen as an American volunteer officer with the RAF – this is before the United States entered the war) - did not bring help but catastrophe. Evacuation to the countryside could be not to a place of safety but to an unprotected exposure to abuse by strange adults. A hospital could turn out to be the source of contamination, not recovery. Life in the cellars might enable gangs of lost children to survive their confusion, hunger, and sense of abandonment. The American servicemen coming to Europe might be bringing more than we bargained for.

There are some obvious literary roots – Nancy is the young woman who feeds and guards the children's safety, bringing to mind the Nancy of Dickens' Oliver Twist who represented maternal tenderness to the boys recruited by the dangerous Fagin. The "lost boys" of Peter Pan cared for by Wendy might be another source, since the Nancy of the episode dispenses rules of good behaviour very much like Wendy bringing up her motherless brood. (Incidentally Nancy in her precocious, sad, self-possession is beautifully played by Florence Hoath.⁷). The pain of childhood evacuees is a much-explored theme, most memorably in Nina Bawden's masterpiece, Carrie's War (1973). The strangeness of wartime life for civilians has also been a theme of important recent adult fiction such as Sarah Walters' Nightwatch, (2003) which explored the freedom that the unusual circumstances of war could offer to some marginal characters. In this episode, Nancy's incredible boldness in facing down the greedy black marketeer she is stealing from to feed the children seems to be of this sort. People become other than their normal selves in wartime, and of course Doctor Who is a continuing exploration of people turning out to be different from what might have expected, since his companions are located both in the ordinary 21st century world of today, and share his adventures in time and space. The importance

⁷ Nancy reminds one of children who find themselves having to take the role of parents – parentified children as they are sometimes called. .

of the unexpected is central to the image at the beginning when Rose begins to climb up a rope with the intention of reaching the child she has heard and seen on the roof of a house. Instead she finds herself hanging in space, caught in the beam of a searchlight, as she is in fact climbing a cable attached to a barrage balloon which has broken free of its moorings. Terror and excitement mount.⁸ As her strength gives way she is rescued by the magic of 51st century technology and swept up into Harkness's invisible space ship parked up against Big Ben, and we move into a dream sequence of sipping champagne and dancing to Glenn Miller Moonlight Serenade on a deck next to the huge clockface.

This recreation of war-time London as the back-drop to the story of the boy searching for his mother is quite brilliant, since it allows the story to investigate the implicit parallels between what is happening to the character of the Doctor, and what is going on in the social world he is exploring. He starts to become much more human as he embarks on the task of restoring the humanity of the gas-mask child. His perceptiveness, which has previously been oriented more towards technical superiority over his monster-enemies than psychological understanding, is a vital link. At several points, we see the Doctor struggling to understand what is going on, bearing the uncertainty of not knowing until the truth becomes clear to him. He comes to realise that the child's question is not, as might at first appear, the cry of a lost child believing that any and every person might be mother, but can be heard in a more specific way. It is a question to Nancy that Jamie needs to ask, is she his lost mother, or the big sister she said she was? Nancy is distressed to hear this question, which seems to follow her everywhere. This insight is linked to the Doctor's realisation that Nancy's self-imposed task of feeding the lost children on the streets is a sublimation of her desire to care for someone she has lost. In other words, he sees the two people who need to be linked up, mother and child, and the catastrophic consequences of the broken link when they are separated. The boy's identity can only be recovered when he is recognised by

⁸ Grown-up viewers may find themselves recalling Ian McEwan's novel Enduring Love (Vintage 1998) which begins with the tragedy of someone pulled to their death by holding on to the rope of a rising balloon.

his mother – this is an idea explored in its infantile origin by Winnicott in the mirror-function of mother's gaze,⁹ and written about by many psychoanalysts interested in the roots of identity in the mother-baby relationship. Of course it is rather fascinating to keep in mind that it was the study of evacuated children which had such an impact on John Bowlby that it led him in the direction of attachment theory. Both Bowlby and Winnicott in different ways contributed to elements of post-war reconstruction and the shaping of the welfare state.¹⁰

The regeneration of Britain at the end of the war in the form of the making of the welfare state is suggested by the scenes of Albion hospital, hardly a casually-chosen name. Here the heroic Dr Constantine has stayed on duty as all the patients and staff become contaminated by the transformation let loose by the nanogene technology Jack Harkness has unwittingly unleashed. The humans have all turned into gas-mask lookalikes, with only one mind between them, since they are now in effect clones of the traumatised child. (We learn later that the nanogenes are programmed to repair whatever bodies they find, but have taken as their genetic prototype the traumatised boy with a gas-mask.) They are zombies, Nancy fears, as she explains that the most terrifying thing about the little boy following her everywhere is that he is 'empty', there seems to be nothing behind the mask. The Doctor learns to see otherwise – it is not emptiness that has taken over but a traumatised moment which can only be healed by a truthful answer to Jamie's question. The disconnected telephones which ring repeatedly to echo the child's unanswered question reveal that that the connection must be remade and then the cycle can be interrupted. The child left out in the cold must be let in.

This brings us to another important element in the story which is the contrast between truth and lies. The glamorous Captain Jack gradually reveals

⁹ See Donald Winnicott, 'The mirror-role of mother and family in child development, in Playing and Reality 130-138 (Penguin 1974).

¹⁰ Child psychotherapy, and interventions in parent/child mental health, both preventive and therapeutic, developed from awareness of the vital function of early relationships and the necessity to provide support to sustain them, at both the Anna Freud Clinic and the Tavistock Clinic, in London.

himself as an irresponsible con-man who has covered up the ghastly consequences of his casual theft of the ambulance spaceship with ignorant and ill-based assurances. Nancy has to be helped to tell the truth by the Doctor's belief that she can do so. This reclaiming of her maternal identity, which will give her son back his, follows on a memorable sequence in which the Doctor is depicted as a stern father. We might suggest that this is another kind of truth being asserted. Usually, he holds to his free Time Lord position, much too unpredictable and imaginative ever to sound like a paternal authority. But here, faced with the end of the world for humankind (now let loose, the nanogenes will infect everyone alive) he stands his ground and uses not magic but ordinary fatherly authority to prevent disaster. "Go to your room," he tells the gas-mask Jamie very loud and clear, and Jamie obeys. The Doctor has set aside his penchant for the more romantic, and demonstrated the necessary place of fathers in the human world, which helps Nancy to become mother to Jamie, her son. "Trust me, and tell him," he says in a later scene. As the Doctor has grasped, "There isn't a little boy who wouldn't tear the world apart to save his mummy, and this little boy can."

The heavenly moment of regeneration of all the gas-masked people is possible when truth wins. Nancy insists to Captain Jack that the gas-masked boy has a name. "Not the child, Jamie", she says. Trusting the Doctor, Nancy says to Jamie, "I am your Mummy. I will always be your Mummy." She embraces Jamie, whose contaminated body she was earlier afraid to touch. (At this moment, her face is brightly lit, making her seem angelic). But at this climax, the swarm of golden nanogenes put things right, restoring Jamie to his humanity. The gas mask can now be taken off, and a rather delightful and seemingly relieved little boy emerges from it.¹¹

"Everybody lives, Rose, just this once, everybody lives," is the Doctor's joyful summary (reminding us that everyone has not always lived in his adventures) followed by the charming joke as he plans to leave the London of 1941 to its

¹¹ This was voted by viewers deservedly to be one of the 'Top Television Moments' of 2005. What the episode did was give dramatic representation to one of society's most sacred bonds, that of mother and child.

future, “Don’t forget the welfare state.” In the final scenes aboard the Tardis, the Doctor is at first in an elated state at this triumph – “I am on fire”, he tells Rose – until he is brought down to earth by Rose’s question, “What about Jack. Why did he say goodbye?” We return to Jack, about to die bravely in his spaceship, having it seems sacrificed himself to atone for having put the world at risk. But the Doctor comes to his rescue in the Tardis, and now, with a good conscience, he at last remembers how to dance and – the soundtrack is now Glenn Miller’s ‘In the Mood’ - he can fairly claim Rose as his partner. Rose says to the Doctor, that Jack would like to dance, and the Doctor replies, ‘I’m sure he would, but who with? We learn from this delicate exchange that the glamorous Captain Jack (John Barrowman) with whom Rose is so taken, may be more attracted to the Doctor than he is to her, a complexity of gender and emotion to which the series will return.¹² They have together averted ‘volcano day’ through an internal volcanic development in which the core of the Doctor’s being is being reshaped.

There is a remarkable bringing together in this episode of a personal drama of the separation of a child from her young mother and their restoration to each other, and the realisation of a historical moment of which this is made to seem emblematic. The threatened Nazi conquest becomes an equivalent of the deathly threats from other worlds which normally feature in Doctor Who. For once the extra-terrestrial danger in this episode has a contingent origin - it is a plague that threatens, not a conscious enemy, though to be sure the nanogenes have been programmed to repair their patients to become deadly soldiers. The idea that death and destruction could come from new plagues, spread by carelessness or delinquency, has a contemporary resonance too. As we have pointed out above, John Bowlby’s and Melanie Klein’s ideas of attachment and loss, and of reparation, were discovered in the context of work with children affected by war, and the restitution of family and other social ties was a major theme of the post-war reconstruction. In the ending

¹² There is another moment of complexity in this final scene in the Tardis, as Jack is re-united with the Doctor and Rose. When Rose says that Jack would like to dance, the Doctor replies, ‘I’m sure he would, Rose, but who with?’ Thus we learn that the glamorous Captain Jack (John Barrowman) with whom Rose is so taken, may be more attracted to the Doctor than he is to her, a complexity of gender identity and emotion to which the series will return.

of this double episode, the Doctor is celebrating not only his triumph within the personal narrative, but also a key moment in British social history.¹³

The Girl in the Fireplace

The themes of the Madame de Pompadour episode draw on some preoccupations and imaginative devices familiar in children's literature. We have the 'magic doors' allowing entry into other worlds and other times, a trope recently and brilliantly exploited in Philip Pullman's His Dark Materials but also embedded in other twentieth century writing for children, for example in the wardrobe access to C.S. Lewis's Narnia, and in Philippa Pearce's description (in Tom's Midnight Garden) of Tom's access to the midnight garden where he meets Hattie in an earlier generation. (It is as a 'kind of magic door' that the Doctor explains the fireplace to Reinette, while Rose indicates by her inflection of voice that she is beyond such childish things, and that this is a metaphor). The magnificent clockwork figures in eighteenth century garb also echo Pullman's interest in the phenomena of clockwork.¹⁴ And of course the extraordinary power of the clock as symbol, which begins perhaps with Cinderella and the midnight chimes.¹⁵ The clock as marker of the boundaries between day and night and one world and another is particularly apt for the imaginative life of children, for whom 'bedtime' marks the exclusion from the adult world but also the entry into the world of dreams when all the magical transitions and explorations can take place. The dream focus is explicit, since the clockwork intruders (they also have powers similar to those of other extra-terrestrial aliens of the series) are identified as the monsters in Reinette's childhood nightmares, believed to lie under her bed, and from whom she is protected by her good angel, in the guise of the Doctor to whom she can call 'I need you' in expectation of his

¹³ In the third 2007 series, the double Episodes 4 and 5, achieved something as ambitious as these two set in wartime London. These were beautifully set in Manhattan during the Depression, and portrayed a struggle for survival and decency against a threat of both Daleks (themselves facing extinction) and a ruthless New York employer recruited as their agent. The new Dr Who draws a clear social commitment from its creative location in Wales.

¹⁴ See Philip Pullman's story, Clockwork, or All Wound Up. (Corgi Yearling 1996).

¹⁵ The clockwork men have other resonances too - they are symbols of eighteenth century scientific rationalism, put to perverse use, and of course this is a technology familiar to children, and the Doctor loves it, in this beautifully crafted form.

arrival. This episode gains a particular imaginative freedom from the way in which the story leaves itself open to interpretation as its heroine's childhood dream, an unusual alternative framing of a Doctor Who adventure. This story, which is after all a historical romance, with a little girl who grows up into a beautiful woman, a hero who rescues her on a white horse, and the sad death of the heroine, must have been made with the girls in its audience specially in mind.

Also referred to is the notion of the imaginary child who serves as companion, a feature of many children's lives often explored in children's literature. These imaginary friends are important to lonely children in particular, but their existence is usually episodic or relatively brief. (Perhaps they are a later and elaborated version of the transitional object first described by Donald Winnicott¹⁶ and most often taking the form of a soft toy.) Reinette (Queenie, the name given to Antoinette Poisson, later Mme de Pompadour, by her friends) remarks that she has the unusual experience of a life-long imaginary friend, although clinical work in child psychotherapy demonstrates that she may not have been as unusual in this as she believed. She grows older, but the Doctor (only Reinette seems to have learned that he is Doctor Who) stays ever the same, and he reappears at moments of crisis when the nightmares of childhood threatens to revisit or overwhelm her – he is the one who can assuage her terror. Conversations between Reinette and the Doctor make it clear that they are aware they are inhabiting a world outside the realm of reason or the everyday. 'You never want to listen to reason,' he tells her with a grin.

What brings Reinette and the Doctor into such intimate involvement with each other? Their imaginations are entwined, but as in an intense pretend-game between children which is so powerful that the narrative development of the game is made out of the closeness of the children and their profound conviction, as long as the game lasts, of its reality and serious import. To

¹⁶ See Donald Winnicott, 'Transitional Objects and Transitional Phenomena,' chapter 18 of Through Paediatrics to Psycho-Analysis, (Hogarth Press 1958). and Playing and Reality, (Penguin 1974).

that one must add that their relationship is also like that of lovers. As they look into each others' eyes and 'walk among the memories of another living soul' as Reinette puts it, we are in a world where the ordinary boundaries of an individual mind are porous, and the two can know each other's thoughts and feelings through direct acquaintance, going beyond the intuitions human beings ordinarily have to depend on in understanding the mind of another person.

But it is their shared experience of loneliness which is at the heart of the link between them. Reinette, aware of her own loneliness as a child, can recognise that same experience in the Doctor, the lonely boy who has been making out as best he can and whom this new series shows us can develop beyond omnipotent self-sufficiency into a man who can love others. Her recognition of this in him is a transformative moment, picking up on the vulnerability he has already revealed to Rose when for example she has observed his moments of intense jealousy. This sense of being understood at depth belongs in its first embodiment in the mother-child relationship – the child getting to know himself through being mirrored in mother's eyes in Winnicott's theory, and through the containment of projective identification as described in Klein's and Bion's work.¹⁷ Infant observers watch this process unfolding in ordinary development – the identity of the infant taking shape through his sense of being given a place in mother's mind. Bowlby's 'secure base' starts off in exactly the same sequence of interactions, though it is differently described in his theory of attachment.

The safety Reinette seeks is fundamentally within her inner world, though in accordance with the conventions of Doctor Who, the nightmares do of course burst through into the waking world. So Reinette's nightmare clockwork figures appear as liveried court servants at Versailles, deferential but also sinister, to puncture the charmed reality of Louis XV's court. What is of special interest is Madame de Pompadour's understanding that the angels

¹⁷ These concepts and their place in Bion's work are well explained in Edna O'Shaughnessy, W.R. Bion's theory of thinking and new techniques in child analysis', in E. Spillius (ed) Melanie Klein Today: Vol 2 Mainly Practice. (Routledge 1988)

and demons belong together. ("It's worth having the monsters to have one's angel," she says. "Tell me about it," Rose replies, recognising a fellow-sufferer.) We could reframe this as Reinette's insight (and of course she is an exceptionally intelligent and feelingful person, beautifully played by Sophia Myles, into the inescapable elements of psychic reality. The ideal is complemented by the persecutory – good and bad must each find their place in the mind of the growing child and access to both is the hallmark of the potentially integrated self. Another aspect of this is that internal and external reality have to meet up in a continually dynamic interaction if the individual's relationship to the world is to be a rich one. Without our dreams and our capacity for imagination we are at risk of losing our essential humanity, and becoming one-dimensional like the clockwork monsters. It is interesting that what the clockwork monsters want from Mme de Pompadour, when she is 'complete' (that is 37 years old) is her brain, needed to repair their spaceship. Her nightmare is thus that there are malevolent designs on the aspect of her for which she is most renowned, and most likely to be envied. (The spectre of the knives which might cut off her head also anticipates the image of the guillotine to come.)

One of the things Reinette and the Doctor discuss is their different relationships to time. He is the Time Lord who can pop in and out of worlds and historical time at will, like the gods of myth as well as the heroes of sci-fi. She, by contrast, as a mortal, has to travel on 'the slow path,' living within the rhythm of birth, growth, ageing and death. Her early death makes this explicitly stark, and the portrayal of what the 'slow path' means for her is exquisite. It means a relationship to memory, the capacity to miss and long for what is absent, to mourn what is lost and to savour the present. Reinette's letter from her deathbed, left for the Doctor, and given to him by her lover Louis XV, expresses her mourning for her lost youth and health. She revisits the loneliness of her childhood as she prepares to die, but is no longer prey to monstrous fears, because she can commune with the good figures of her internal world, especially the Doctor by whom she feels loved. His absence, even when she longs for him to come and see her for the last time, is not

unbearable because she remains aware of their mutual love, and can write her letter to him in the belief that he will read it.

The conversation between Doctor Who and Louis XV is deeply moving. The two men have shared affection and admiration for this woman. The Doctor sees the departing coach carrying her body back to Paris, and is able to pause from his usual restless movement through time and to experience her leaving him, very much the opposite of his usual mode in which he is the disappearing figure, always leaving others. The king speaks of the tragedy of her early death and says 'She always worked too hard.' This is a fitting epitaph since we have seen and heard of her working so hard at sustaining the glory of Versailles – gardens, music, dancing, glamour and so on - but also at the inner work of being in touch with herself at depth, including her great fears. This has involved her facing the reality of not possessing either the king or the Doctor, each of whom has other aspects of their lives which they must live, and yet also being able to appreciate intensely what their love for her has made possible. We see that her creative work, earlier marvelled at by the Doctor, has been her way of coping with what, for all her advantages, she has had to renounce in her life. The image we are left with is that the two men can bear the limits of what they have had with her, and each know of her importance for the other without feeling overwhelmed by destructive jealousy. When the Doctor returns to the Tardis, both Rose and Mickey are able to bear their different jealousies too, in their compassion for the Doctor's loss.¹⁸ There is often subtle restraint in the way that intense moments of feeling are performed in the series.

The emotional intensity of this episode of Doctor Who springs from the fact that Reinette is aware that the Doctor has risked giving up his own Time-Lord freedom to defend her from the clockwork men. He did not let 'reason' (that is, his knowledge that there would be no way back for him) overrule his

¹⁸ Candida Yates' book Masculine Jealousy and Contemporary Cinema (Palgrave 2007) explores the changing forms of masculinity represented in film, arguing that jealousy is a state of feeling that can be lived with in 'good enough' circumstances. The new series of Doctor Who, not least in The Empty Fireplace episode, portrays many situations in which jealous feelings are recognised and lived with. In this and in other respects, the programme offers a significant emotional experience to its viewers.

commitment to her but was prepared to accept being trapped in *her* time. The way through to her on the white horse, found wandering in the parallel world of the deserted space ship, reminds us we are in the imaginative world of the child Reinette. The way back to the space-ship that appears as if by magic, the revolving fireplace of her old bedroom, which she has had reconstructed at Versailles, completes the picture. The Doctor has been willing to give up his Time Lord freedom for her, she discovers, and her gift of love is to restore it to him. But her decision to lead him back to the fireplace, and return to his own world, is also her own recognition of the difference between imagination and reality, and the awareness of loss which this can entail. The sadness of the ending of this episode invites its audience to share in an experience of mourning, not for the only time in the new series of Doctor Who.

In unconscious fantasy, as Freud described in The Interpretation of Dreams, the rules of linear time do not hold. This is the realm explored in the adventures of Doctor Who and Madame de Pompadour, but what is so brilliant an achievement is the simultaneous engagement with the ordinary human relationship to time – she does stick with the slow path and does not fly off to the stars with him, and he faces the meaning of the finite time of human relationships. In this sense the regeneration of Doctor Who is a very specific one. He is not simply carrying on as before, when his super-intelligence was paramount, but is developing in emotional complexity and acquiring an inner life. The notion of being a lord of time is being modified by the humility required to encounter something he cannot omnipotently control, and to share awareness of limitation with humankind. The dance between the two of them ('there comes a time when every lonely little boy must learn to dance,' she tells him) which he at first resists but then accedes to, is a moment which marks out his opening up to all this. As we have seen, the theme of dancing and its mutuality was also explored in his relationship with Rose.

The opposite view of humans is the one the clockwork monsters hold – they are searching for 'parts', to mend their spaceship, and have no conception of

the value of a whole person and of a completed human life. The profound humanism of the ethic of the series lies in just this contrast.

It is remarkable to see the profound developmental themes of children's fiction (which of course has relevance and appeal for adult readers too) embodied so beautifully in a popular television series. In these two episodes the production team of Doctor Who (we should mention in particular Steven Moffat who was the writer of both) have achieved work which we think is comparable to that of the finest writing for children.